

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-013175

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3708

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONInside Limits  
Yes ☒ No ☐

d. STREET ADDRESS

(if outside, give location)

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

(Type or print)

JENELL

DAVIS

4. DATE OF DEATH

Month

Day

Year

March 29, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Sept 10, 1915

## 9. AGE (last birthday)

47

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Pinckneyville, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

James RAINEY

## 13b. MOTHER'S MAIDEN NAME

Jane JONES

## 14. NAME OF HUSBAND OR WIFE

Orval DAVIS

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Orval Davis 113 N. 3rd. Dupo, Illinois

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Renal failure

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chr. Pyelonephritis

DUE TO (c)

600.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month; Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

July 1953 to

March 29, 1963 and last saw her alive on

March 29, 1963

Death occurred at

11PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3/31/63

23c. NAME OF CEMETERY OR CREMATORY

Miller Hill Cemetery

23d. LOCATION (City, town, or county)

Pinckneyville, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

Harold A. Dashner

Dupo, Illinois

25. DATE RECD. BY LOCAL REG.

APR 1 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Harold P. Rashner*

Licensed Embalmer No. 4621

P. O. Address Dupo, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.